**Wednesday Online Musical Theatre Club**

1. Child(ren)’s name:
2. Age(s):
3. School(s):
4. Parent/Guardian name:
5. Address:
6. Emergency contact number:
7. Does your child have any disability, pre-existing medical conditions or previous injuries that might affect their ability to participate fully? Please let us know if there is any support we could offer:
8. We may take screenshots/videos for publicity purposes e.g. to put on the website, flyers and social media. Please answer ‘Y’ if you are happy for us to use images of your child. Please note, when sharing the images, we do not include the children’s names or any personal details about them: Y/N
9. We would like to film our live performance on Zoom on the last class before half term, and send out to parents / guardians as a memento of the week. This will be for private use only and asked not to be shared anywhere. Please select 'Y' if you are happy for your child to be filmed for this: Y/N
10. I would like to try out the class on Wednesday 29th April before making payment: Y/N
11. I would like to be signed up to your mailing list: Y/N
12. Any more information: *(E.g. if your child would like to be in the same group as friend, etc)*